

AMENDMENTS TO LB 928

Introduced by Dubas, 34.

1           1. Insert the following new sections:

2           Section 1. Section 68-909, Revised Statutes Cumulative  
3 Supplement, 2006, is amended to read:

4           68-909 (1) All contracts, agreements, rules, and  
5 regulations relating to the medical assistance program as entered  
6 into or adopted and promulgated by the department prior to July 1,  
7 2006, and all provisions of the medicaid state plan and waivers  
8 adopted by the department prior to July 1, 2006, shall remain in  
9 effect until revised, amended, repealed, or nullified pursuant to  
10 law.

11           (2) Prior to the adoption and promulgation of proposed  
12 rules and regulations under section 68-912 or relating to the  
13 implementation of medicaid state plan amendments or waivers,  
14 the department shall provide a report to the Governor, the  
15 Legislature, and the Medicaid Reform Council at least sixty  
16 days prior to the beginning of a regular legislative session  
17 summarizing the purpose and content of such proposed rules and  
18 regulations and the projected impact of such proposed rules  
19 and regulations on recipients of medical assistance and medical  
20 assistance expenditures.

21           (3) The Medicaid Reform Council, no later than thirty  
22 days after the date of receipt of any report under subsection  
23 (2) of this section, may conduct a public meeting to receive

1 public comment regarding such report. The council shall promptly  
2 provide any comments and recommendations regarding such report in  
3 writing to the department. Such comments and recommendations shall  
4 be advisory only and shall not be binding on the department, but  
5 the department shall promptly provide a written response to such  
6 comments or recommendations to the council.

7 (4) The department shall monitor and shall periodically,  
8 as necessary, but no less than biennially, report to the  
9 Governor, the Legislature, and the Medicaid Reform Council on  
10 the implementation of rules and regulations, medicaid state plan  
11 amendments, and waivers adopted under the Medical Assistance Act  
12 and the effect of such rules and regulations, amendments, or  
13 waivers on eligible recipients of medical assistance and medical  
14 assistance expenditures.

15 Sec. 2. Section 68-912, Revised Statutes Cumulative  
16 Supplement, 2006, is amended to read:

17 68-912 (1) The department may establish (a) premiums,  
18 copayments, and deductibles for goods and services provided under  
19 the medical assistance program, (b) limits on the amount, duration,  
20 and scope of goods and services that recipients may receive  
21 under the medical assistance program, and (c) requirements for  
22 recipients of medical assistance as a necessary condition for the  
23 continued receipt of such assistance, including, but not limited  
24 to, active participation in care coordination and appropriate  
25 disease management programs and activities.

26 (2) In establishing and limiting coverage for services  
27 under the medical assistance program, the department shall consider

1 (a) the effect of such coverage and limitations on recipients  
2 of medical assistance and medical assistance expenditures, (b)  
3 the public policy in section 68-905, (c) the experience and  
4 outcomes of other states, (d) the nature and scope of benchmark or  
5 benchmark-equivalent health insurance coverage as recognized under  
6 federal law, and (e) other relevant factors as determined by the  
7 department.

8 (3) Coverage for mandatory and optional services and  
9 limitations on covered services as established by the department  
10 prior to July 1, 2006, shall remain in effect until revised,  
11 amended, repealed, or nullified pursuant to law. Any proposed  
12 reduction or expansion of services or limitation of covered  
13 services by the department under this section shall be subject  
14 to the reporting and review requirements of section 68-909.

15 (4) Except as otherwise provided in this subsection,  
16 proposed rules and regulations under this section relating to the  
17 establishment of premiums, copayments, or deductibles for eligible  
18 recipients or limits on the amount, duration, or scope of covered  
19 services for eligible recipients shall not become effective until  
20 the conclusion of the earliest regular session of the Legislature  
21 in which there has been a reasonable opportunity for legislative  
22 consideration of such rules and regulations. This subsection does  
23 not apply to rules and regulations that are (a) required by  
24 federal or state law, (b) related to a waiver in which recipient  
25 participation is voluntary, or (c) proposed due to a loss of  
26 federal matching funds relating to a particular covered service  
27 or eligibility category. Legislative consideration includes, but

1 is not limited to, the introduction of a legislative bill, a  
2 legislative resolution, or an amendment to pending legislation  
3 relating to such rules and regulations.

4 (5) The department shall implement a process under which  
5 an eligible recipient may, upon request of the recipient or a  
6 person on behalf of the recipient, obtain an exception from  
7 the service limitation placed on an optional service up to the  
8 limit established under the medical assistance program as the  
9 limit existed on January 1, 2008. The process shall provide  
10 that if the department does not notify an eligible recipient  
11 regarding its decision on the recipient's request for an exception  
12 within ten days after the department receives the request, the  
13 department shall be deemed to have found the services requested to  
14 be medically necessary.

15 Sec. 3. Original sections 68-909 and 68-912, Revised  
16 Statutes Cumulative Supplement, 2006, are repealed.

17 2. Renumber the remaining section accordingly.